REQUEST FOR PATENT FEE REFUND						
<u> </u>			al/Patent # 10/520628			
3 Please refund the following fee(s):		4 PAI	-	5 DATE FILED	6 AMOUNT	
Filing					\$	
Amendment					\$	
Extension of Time					\$	
Notice of Appeal/Appeal					\$	
Petition					\$	
Issue					\$	
Cert of Correction/Terminal Disc.					\$	
Maintenance					\$	
Assignment		_			\$	
Other					\$	
		7 TOTAL AMOUNT OF REFUND \$ (())				
		8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check				
Overpayment		Credit Deposit A/C #:				
Duplicate Payment		, 15-0461				
No Fee Due (Explanation):						
Fee Cocle Correction						
1632 500 to 1642 \$400.00						
11 REFUND REQUESTED BY:						
TYPED/PRINTED NAME: BARBACA CAMPBELL TITLE:						
SIGNATURE: BAC PHONE: 763 368-9140						
OFFICE: VCT/DO/EO  **********************************						
APPROVED: DATE: FC: 9284 \$106.00 CR						

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PORM PTO 1577 (01/90)

Office of Finance Refund Branch Crystal Park One, Room 802B